



Department of
the Secretary of State

Bureau of Motor Vehicles

Application for Online Carrier User Account ___ IFTA ___ IRP

Carrier Information

Carrier Legal Name: _____

DBA: _____

Carrier Account Number: _____ US DOT Number: _____

Taxpayer ID Type: ☐ FEIN ☐ SSN Taxpayer: _____

Name of User- (Person logging into Account) Application required for each user to be assigned

Name of User: _____ Title: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Ext.: _____

Fax Number: _____

Email Address: _____

Authorization – Must be signed by Owner or Officer

I certify that

- (1) I am the owner, an officer, or duly authorized representative of the above named carrier and have the authority to represent the carrier and sign this application; and
- (2) The user named above is authorized to conduct online transactions in the Maine IFTA/IRP system on behalf of the carrier named above.

Name: _____
(Please Print)

Signature _____ Title _____ Date _____

****IRP may require a training class in our office****

Please return completed application to the Bureau of Motor Vehicles

101 Hospital Street, 29 State House Station, Augusta, ME 04333-0029

Phone (207) 624-9000 Ext. 52136 Fax (207) 624-9062 TTY Users call Maine relay 711

www.maine.gov/sos/bmv/commercial

Email: IFTA.BMV@maine.gov